MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	10/ 56 22 13

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT				AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2	1							52						
3		1						53						
4		1						54						
5		1 1						55						
6		4						56						
7		4						57						
8								58						
9								59						
10								60						
11								61						
12								62						
13		1						63						
14								64						
15								65						
16								66						
17								67						
18								68						
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42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	2							TOTAL IND.						
TOTAL DEP.	34							TOTAL DEP.						
TOTAL CLAIMS	36							TOTAL CLAIMS						

PTO - 1360 (REV. 1/84)